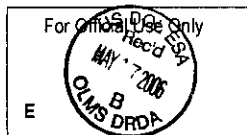


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11706	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name TIMOTHY P. HEATH P.O. Box, Bldg., Room No., if any # 1360 Street 111 W. WASHINGTON STREET City CHICAGO State ILLINOIS ZIP Code + 4 60602-3451	4. Name, file number, and address of labor organization. Name Local No. 7, NCFU - SEIU Labor Organization File Number 011-469 P.O. Box, Building and Room Number, if any # 1360 Street 111 W. WASHINGTON STREET City CHICAGO State ILLINOIS ZIP Code + 4 60602-3451
5. Position in labor organization. PRESIDENT-TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Timothy P. Heath</u>	On <u>5/12/06</u> Date	<u>312-372-7915</u> Telephone Number

Name of Person Filing TIMOTHY P. HEALY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name FRANK M. VACCARO & Associates Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE # 200 Street 27 ROLAND AVENUE City MOUNT LAUREL State NEW JERSEY ZIP Code + 4 08054-1057	9. Business deals with: <div style="margin-left: 20px;"> <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name FRANK M. VACCARO & ASSOCIATES, INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE # 200 Street 27 ROLAND AVE City MOUNT LAUREL State NEW JERSEY ZIP Code + 4 08054-1057	11.a. Nature of such dealing. PROVIDES ACTUARIAL & ADMINISTRATIVE CONSULTATION FOR A IAW TRUST FUND. <hr/> 11.b. Approximate dollar value of such dealing. <hr/> 12.a. Nature of interest held or income received. REIMBURSEMENT FOR HEALTH AND WELFARE FUND MEETINGS, WHICH I AM A UNION TRUSTEE HOTEL REIMBURSEMENT 6/1/05 <hr/> 12.b. Amount. \$262.21

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

Name of Person Filing <u>TIMOTHY P. HEALY</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>FRANK M. VACCARO & Associates, Inc.</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE # 200</u></p> <p>Street <u>27 ROLAND AVENUE</u></p> <p>City <u>MOUNT LAUREL</u></p> <p>State <u>NEW JERSEY</u> ZIP Code + 4 <u>08054-1037</u></p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>FRANK M. VACCARO & ASSOCIATES, INC.</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE # 200</u></p> <p>Street <u>27 ROLAND AVE</u></p> <p>City <u>MOUNT LAUREL</u></p> <p>State <u>NEW JERSEY</u> ZIP Code + 4 <u>08054-1037</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDES ACTUARIAL & ADMINISTRATIVE CONSULTATION FOR A IHW TRUST FUND.</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSEMENT FOR HEALTH AND WELFARE FUND MEETINGS, WHICH I AM A UNION TRUSTEE</u></p> <p><u>AIRFARE</u></p> <hr/> <p>12.b. Amount. <u>15841</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>TIMOTHY P. HENRY</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>FRANK M. VACCARO & ASSOCIATES INC.</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE # 200</u></p> <p>Street <u>27 ROLAND AVENUE</u></p> <p>City <u>MOUNT LAUREL</u></p> <p>State <u>NEW JERSEY</u> ZIP Code + 4 <u>08054-1037</u></p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>								
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>FRANK M. VACCARO & ASSOCIATES, INC.</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE # 200</u></p> <p>Street <u>27 ROLAND AVE</u></p> <p>City <u>MOUNT LAUREL</u></p> <p>State <u>NEW JERSEY</u> ZIP Code + 4 <u>08054-1037</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDES ACTUARIAL & ADMINISTRATIVE CONSULTATION FOR A HNW TRUST FUND.</u></p>								
	<p>11.b. Approximate dollar value of such dealing.</p>								
	<p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSEMENT FOR HEALTH AND WELFARE FUND MEETINGS, WHICH I AM A UNION TRUSTEE</u></p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <u>ONLY EXPENSES</u> <u>6/7/05</u> </div> <div style="border-left: 1px solid black; padding-left: 10px;"> <table style="border-collapse: collapse;"> <tr><td>Dinner</td><td style="text-align: right;">61.70</td></tr> <tr><td>Tips</td><td style="text-align: right;">5.00</td></tr> <tr><td>Taxi</td><td style="text-align: right;">82.50</td></tr> <tr><td>Incidentals</td><td style="text-align: right;">4.58</td></tr> </table> </div> </div>	Dinner	61.70	Tips	5.00	Taxi	82.50	Incidentals	4.58
Dinner	61.70								
Tips	5.00								
Taxi	82.50								
Incidentals	4.58								
	<p>12.b. Amount. <u>153.78</u></p>								

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>TIMOTHY P. HEDLEY</u>	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>FRANK M. VACCARO & Associates Inc.</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE # 200</u></p> <p>Street <u>27 ROLAND AVENUE</u></p> <p>City <u>MOUNT LAUREL</u></p> <p>State <u>NEW JERSEY</u> ZIP Code + 4 <u>08054-1037</u></p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>FRANK M. VACCARO & ASSOCIATES, INC.</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE # 200</u></p> <p>Street <u>27 ROLAND AVE</u></p> <p>City <u>MOUNT LAUREL</u></p> <p>State <u>NEW JERSEY</u> ZIP Code + 4 <u>08054-1037</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDES ACTUARIAL & ADMINISTRATIVE CONSULTATION FOR A HNW TRUST FUND.</u></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSEMENT FOR HEALTH AND WELFARE FUND MEMBERS, WHICH I AM A Union TRUSTEE</u></p> <p><u>2/11/05 6/8/05</u> { <u>REIMBURSE 30</u> <u>75</u> <u>75</u> }</p> <p>12.b. Amount. <u>82.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>